

SEEC FORM 4**EXPLORATORY COMMITTEE REGISTRATION**
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Page 1 of 2

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Official Use Only**REGISTRATION TYPE**

- ☒ INITIAL
☐ AMENDED

1. ELECTION DATE		2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)					
(mm/dd/yyyy)		<input type="checkbox"/> 2a. Offices Include Statewide Office & General Assembly Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nov 2012		<input checked="" type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> 2d. Municipal & Other Offices Excluding those in Box 2a, 2b and 2c <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. CANDIDATE NAME							
Prefix		First Neil		MI C.	Last Nichols		Suffix
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 37 Main St				Address			
City Essex		State CT	Zip Code 06426		City		State Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(860) 767 — 1511				neilnichols@att.net			
8. PARTY AFFILIATION				9. NAME OF COMMITTEE			
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other				Nichols 2012 Exploratory Committee			
10. COMMITTEE ADDRESS							
Address PO Box 451				City Essex		State CT	Zip Code 06426
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
13. TREASURER NAME							
Prefix		First Paul		MI L.	Last Maxwell		Suffix
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 86 Mill Rd				Address 71 Birch Ave E			
City East Haddam		State CT	Zip Code 06423		City Farmingdale		State NY Zip Code 11735
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(860) 334 — 0324				collectr@snet.net			
18. DEPUTY TREASURER NAME							
Prefix		First Bruce		MI S	Last MacMillian		Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 8 S Winds Dr				Address			
City Essex		State CT	Zip Code 06426		City		State Zip Code
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
(860) 767 — 2522				bmacmillian@gmail.com			

GO TO PAGE 2 TO COMPLETE DEPOSITORY AND CERTIFICATION

Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

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Page 2 of 2



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CANDIDATE NAME

Neil C. Nichols

23. DEPOSITORY INSTITUTION NAME

Liberty Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
7 Main Street, Essex, Ct 06426			

25. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of such position.

Neil C. Nichols

CANDIDATE (SIGNATURE)

02/01/2012

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Treasurer of this exploratory committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Paul L. Maxwell

TREASURER (SIGNATURE)

02/02/2012

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Deputy Treasurer of this exploratory committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible to discharge all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Bruce S MacMillian

DEPUTY TREASURER (SIGNATURE)

02/01/2012

DATE (mm/dd/yyyy)

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